

01/27/99

A

19630 U.S. PTO

UTILITY  
PATENT APPLICATION  
TRANSMITTAL

Attorney Docket No. **Beutnagel 3-12-9**  
First Named Inventor or Application Identifier **Mark Beutnagel**  
Title **Advanced TTS for Facial Animation**  
Express Mail Label no. **EM164542418US**

JCS23 U.S. PTO  
09/238224  
01/27/99

To: Assistant Commissioner for Patents  
Box Patent Application  
Washington D.C. 20231

| APPLICATION ELEMENTS   | ACCOMPANYING APPLICATION PARTS  |
|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form (original and duplicate)  | <input type="checkbox"/> Assignment   |
| <input checked="" type="checkbox"/> Specification Total Pages <b>13</b><br>title<br>cross reference to related applications (e.g. provisional application)<br>background<br>summary<br>brief description of the drawings (if filed)<br>detailed description<br>claims<br>abstract  | <input type="checkbox"/> Recordation form   |
| <input checked="" type="checkbox"/> Drawing(s) Total Pages <b>2</b>  | <input checked="" type="checkbox"/> Power of Attorney   |
| <input checked="" type="checkbox"/> Declaration Total Pages <b>3</b><br>a. <input type="checkbox"/> Newly executed<br>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))<br>(for continuations/divisionals with section below filled out)<br><input type="checkbox"/> Deletion of Inventor(s) Signed Statement attached deleting<br>inventor(s) named in the prior application. 37 CFR 163 (d)(2)<br>and 1.33(b).<br><input type="checkbox"/> Incorporation by reference (usable if Declaration is a copy):<br>The entire disclosure of the prior application, from which a copy of the oath or declaration<br>is supplied, is considered as being part of the disclosure of the accompanying application<br>is hereby incorporated by reference herein.<br><input type="checkbox"/> Other | <input checked="" type="checkbox"/> Postcard<br><input type="checkbox"/> Small entity statement<br><input type="checkbox"/> Certified copy of priority documents<br><input type="checkbox"/> Information disclosure statement<br><input type="checkbox"/> Copies of IDS citations<br><input type="checkbox"/> 37 CFR 3.73(b) Statement<br><input checked="" type="checkbox"/> check<br><input type="checkbox"/> Other |

If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:  
☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior Application No:

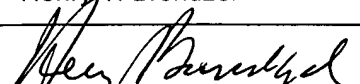
| CORRESPONDENCE ADDRESS                                     |   |  |
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| <input type="checkbox"/> Customer Number or Bar Code Label | (insert Customer No. or Attach bar code label here) | <input checked="" type="checkbox"/> Correspondence Address below |

|  |                           |
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| NAME <b>Samuel H. Dworetsky</b>  |                           |
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| SIGNATURE OF APPLICANT ATTORNEY, OR AGENT                                |                           |
| Name <b>Henry T. Brendzel</b>  | Reg. No. <b>26,844</b>    |
| Telephone <b>(973) 467-2025</b>  |                           |
| Signature <i>Henry Brendzel</i>  | Date <b>1/27/99</b>       |

|  |   |   |
|--|---|---|
| I hereby certify that this Application is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Assistant Commissioner for Patents, Washington D.C. 20231. |   |   |
| <u>1/27/99</u><br>Date of Deposit  | <u>Henry Brendzel</u><br>(Printed Name of Person Mailing Paper) | <u><i>Henry Brendzel</i></u><br>(Signature of Person Mailing Paper) |

|  |  |                      |                  |
|--|--|----------------------|------------------|
| <b>FEE TRANSMITTAL</b><br><i>Patent Fees are subject to annual revisions on October 1.<br/>         These are the fees effective November 10, 1998<br/>         Small entity payments must be supported by a small entity statement.<br/>         Otherwise, large entity fees must be paid. See Forms PTO/SB/09-12.</i> |  | Complete if Known    |                  |
|  |  | Application Number   |                  |
|  |  | Filing Date          |                  |
|  |  | First Named Inventor | Mark Beutnagel   |
|  |  | Examiner Name        |                  |
| TOTAL AMOUNT OF PAYMENT  |  | (\$)                 | 760              |
|  |  | Attorney Docket ID   | Beutnagel 3-1259 |

| METHOD OF PAYMENT (check one)  |                  | FEE CALCULATION (continued)  |                          |                    |          |                                     |        |  |    |                           |   |                                      |   |  |            |   |   |  |   |   |  |  |                          |   |   |  |  |                  |  |  |          |                            |  |   |  |                                  |  |                                    |  |                                |  |                  |  |                 |  |                               |  |   |  |  |  |  |  |   |  |  |  |           |  |           |  |           |  |                          |          |
|--|------------------|--|--------------------------|--------------------|----------|-------------------------------------|--------|--|----|---------------------------|---|--------------------------------------|---|--|------------|---|---|--|---|---|--|--|--------------------------|---|---|--|--|------------------|--|--|----------|----------------------------|--|---|--|----------------------------------|--|------------------------------------|--|--------------------------------|--|------------------|--|-----------------|--|-------------------------------|--|---|--|--|--|--|--|---|--|--|--|-----------|--|-----------|--|-----------|--|--------------------------|----------|
| 1. The Commissioner is hereby authorized to charge indicated fees and other underpayments, and credit overpayments to:<br><br>Deposit Account Number      Deposit Account Name<br><b>500732</b> <b>Henry T. Brendzel</b><br><br><input checked="" type="checkbox"/> Charge any additional Fee Required under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance<br><br>2. <input checked="" type="checkbox"/> Payment enclosed:<br><input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other        |                  | <b>3. ADDITIONAL FEES</b><br><br><table border="1"> <thead> <tr> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>Non-English specification</td><td></td></tr> <tr><td>For filing request for reexamination</td><td></td></tr> <tr><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>Extension for reply within the first month</td><td></td></tr> <tr><td>Extension for reply within the second month</td><td></td></tr> <tr><td>Extension for reply within the third month</td><td></td></tr> <tr><td>Extension for reply within the fourth month</td><td></td></tr> <tr><td>Extension for reply within the fifth month</td><td></td></tr> <tr><td>Notice of Appeal</td><td></td></tr> <tr><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>Requesting an oral hearing</td><td></td></tr> <tr><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>Petition to revive - unavoidable</td><td></td></tr> <tr><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>Design issue fee</td><td></td></tr> <tr><td>Plant issue fee</td><td></td></tr> <tr><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>Petitions related to provisional applications</td><td></td></tr> <tr><td>Submission of Information Disclosure Statement</td><td></td></tr> <tr><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr> <tr><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr> <tr><td>For each additional invention to be examined (37 CFR 1.129(b))</td><td></td></tr> <tr><td>Other fee</td><td></td></tr> <tr><td>Other fee</td><td></td></tr> <tr><td>Other fee</td><td></td></tr> <tr> <td><b>SUBTOTAL (2) (\$)</b></td> <td><b>0</b></td> </tr> </tbody> </table> |                          | Fee Description    | Fee Paid | Surcharge - late filing fee or oath |        | Surcharge - late provisional filing fee or cover sheet |    | Non-English specification |   | For filing request for reexamination |   | Requesting publication of SIR prior to Examiner action |            | Requesting publication of SIR after Examiner action |   | Extension for reply within the first month |   | Extension for reply within the second month |  | Extension for reply within the third month |                          | Extension for reply within the fourth month |   | Extension for reply within the fifth month |  | Notice of Appeal |  | Filing a brief in support of an appeal |          | Requesting an oral hearing |  | Petition to institute a public use proceeding |  | Petition to revive - unavoidable |  | Petition to revive - unintentional |  | Utility issue fee (or reissue) |  | Design issue fee |  | Plant issue fee |  | Petitions to the Commissioner |  | Petitions related to provisional applications |  | Submission of Information Disclosure Statement |  | Recording each patent assignment per property (times number of properties) |  | Filing a submission after final rejection (37 CFR 1.129(a)) |  | For each additional invention to be examined (37 CFR 1.129(b)) |  | Other fee |  | Other fee |  | Other fee |  | <b>SUBTOTAL (2) (\$)</b> | <b>0</b> |
| Fee Description  | Fee Paid         |  |                          |                    |          |                                     |        |  |    |                           |   |                                      |   |  |            |   |   |  |   |   |  |  |                          |   |   |  |  |                  |  |  |          |                            |  |   |  |                                  |  |                                    |  |                                |  |                  |  |                 |  |                               |  |   |  |  |  |  |  |   |  |  |  |           |  |           |  |           |  |                          |          |
| Surcharge - late filing fee or oath  |                  |  |                          |                    |          |                                     |        |  |    |                           |   |                                      |   |  |            |   |   |  |   |   |  |  |                          |   |   |  |  |                  |  |  |          |                            |  |   |  |                                  |  |                                    |  |                                |  |                  |  |                 |  |                               |  |   |  |  |  |  |  |   |  |  |  |           |  |           |  |           |  |                          |          |
| Surcharge - late provisional filing fee or cover sheet   |                  |  |                          |                    |          |                                     |        |  |    |                           |   |                                      |   |  |            |   |   |  |   |   |  |  |                          |   |   |  |  |                  |  |  |          |                            |  |   |  |                                  |  |                                    |  |                                |  |                  |  |                 |  |                               |  |   |  |  |  |  |  |   |  |  |  |           |  |           |  |           |  |                          |          |
| Non-English specification  |                  |  |                          |                    |          |                                     |        |  |    |                           |   |                                      |   |  |            |   |   |  |   |   |  |  |                          |   |   |  |  |                  |  |  |          |                            |  |   |  |                                  |  |                                    |  |                                |  |                  |  |                 |  |                               |  |   |  |  |  |  |  |   |  |  |  |           |  |           |  |           |  |                          |          |
| For filing request for reexamination   |                  |  |                          |                    |          |                                     |        |  |    |                           |   |                                      |   |  |            |   |   |  |   |   |  |  |                          |   |   |  |  |                  |  |  |          |                            |  |   |  |                                  |  |                                    |  |                                |  |                  |  |                 |  |                               |  |   |  |  |  |  |  |   |  |  |  |           |  |           |  |           |  |                          |          |
| Requesting publication of SIR prior to Examiner action   |                  |  |                          |                    |          |                                     |        |  |    |                           |   |                                      |   |  |            |   |   |  |   |   |  |  |                          |   |   |  |  |                  |  |  |          |                            |  |   |  |                                  |  |                                    |  |                                |  |                  |  |                 |  |                               |  |   |  |  |  |  |  |   |  |  |  |           |  |           |  |           |  |                          |          |
| Requesting publication of SIR after Examiner action  |                  |  |                          |                    |          |                                     |        |  |    |                           |   |                                      |   |  |            |   |   |  |   |   |  |  |                          |   |   |  |  |                  |  |  |          |                            |  |   |  |                                  |  |                                    |  |                                |  |                  |  |                 |  |                               |  |   |  |  |  |  |  |   |  |  |  |           |  |           |  |           |  |                          |          |
| Extension for reply within the first month   |                  |  |                          |                    |          |                                     |        |  |    |                           |   |                                      |   |  |            |   |   |  |   |   |  |  |                          |   |   |  |  |                  |  |  |          |                            |  |   |  |                                  |  |                                    |  |                                |  |                  |  |                 |  |                               |  |   |  |  |  |  |  |   |  |  |  |           |  |           |  |           |  |                          |          |
| Extension for reply within the second month  |                  |  |                          |                    |          |                                     |        |  |    |                           |   |                                      |   |  |            |   |   |  |   |   |  |  |                          |   |   |  |  |                  |  |  |          |                            |  |   |  |                                  |  |                                    |  |                                |  |                  |  |                 |  |                               |  |   |  |  |  |  |  |   |  |  |  |           |  |           |  |           |  |                          |          |
| Extension for reply within the third month   |                  |  |                          |                    |          |                                     |        |  |    |                           |   |                                      |   |  |            |   |   |  |   |   |  |  |                          |   |   |  |  |                  |  |  |          |                            |  |   |  |                                  |  |                                    |  |                                |  |                  |  |                 |  |                               |  |   |  |  |  |  |  |   |  |  |  |           |  |           |  |           |  |                          |          |
| Extension for reply within the fourth month  |                  |  |                          |                    |          |                                     |        |  |    |                           |   |                                      |   |  |            |   |   |  |   |   |  |  |                          |   |   |  |  |                  |  |  |          |                            |  |   |  |                                  |  |                                    |  |                                |  |                  |  |                 |  |                               |  |   |  |  |  |  |  |   |  |  |  |           |  |           |  |           |  |                          |          |
| Extension for reply within the fifth month   |                  |  |                          |                    |          |                                     |        |  |    |                           |   |                                      |   |  |            |   |   |  |   |   |  |  |                          |   |   |  |  |                  |  |  |          |                            |  |   |  |                                  |  |                                    |  |                                |  |                  |  |                 |  |                               |  |   |  |  |  |  |  |   |  |  |  |           |  |           |  |           |  |                          |          |
| Notice of Appeal   |                  |  |                          |                    |          |                                     |        |  |    |                           |   |                                      |   |  |            |   |   |  |   |   |  |  |                          |   |   |  |  |                  |  |  |          |                            |  |   |  |                                  |  |                                    |  |                                |  |                  |  |                 |  |                               |  |   |  |  |  |  |  |   |  |  |  |           |  |           |  |           |  |                          |          |
| Filing a brief in support of an appeal   |                  |  |                          |                    |          |                                     |        |  |    |                           |   |                                      |   |  |            |   |   |  |   |   |  |  |                          |   |   |  |  |                  |  |  |          |                            |  |   |  |                                  |  |                                    |  |                                |  |                  |  |                 |  |                               |  |   |  |  |  |  |  |   |  |  |  |           |  |           |  |           |  |                          |          |
| Requesting an oral hearing   |                  |  |                          |                    |          |                                     |        |  |    |                           |   |                                      |   |  |            |   |   |  |   |   |  |  |                          |   |   |  |  |                  |  |  |          |                            |  |   |  |                                  |  |                                    |  |                                |  |                  |  |                 |  |                               |  |   |  |  |  |  |  |   |  |  |  |           |  |           |  |           |  |                          |          |
| Petition to institute a public use proceeding  |                  |  |                          |                    |          |                                     |        |  |    |                           |   |                                      |   |  |            |   |   |  |   |   |  |  |                          |   |   |  |  |                  |  |  |          |                            |  |   |  |                                  |  |                                    |  |                                |  |                  |  |                 |  |                               |  |   |  |  |  |  |  |   |  |  |  |           |  |           |  |           |  |                          |          |
| Petition to revive - unavoidable   |                  |  |                          |                    |          |                                     |        |  |    |                           |   |                                      |   |  |            |   |   |  |   |   |  |  |                          |   |   |  |  |                  |  |  |          |                            |  |   |  |                                  |  |                                    |  |                                |  |                  |  |                 |  |                               |  |   |  |  |  |  |  |   |  |  |  |           |  |           |  |           |  |                          |          |
| Petition to revive - unintentional   |                  |  |                          |                    |          |                                     |        |  |    |                           |   |                                      |   |  |            |   |   |  |   |   |  |  |                          |   |   |  |  |                  |  |  |          |                            |  |   |  |                                  |  |                                    |  |                                |  |                  |  |                 |  |                               |  |   |  |  |  |  |  |   |  |  |  |           |  |           |  |           |  |                          |          |
| Utility issue fee (or reissue)   |                  |  |                          |                    |          |                                     |        |  |    |                           |   |                                      |   |  |            |   |   |  |   |   |  |  |                          |   |   |  |  |                  |  |  |          |                            |  |   |  |                                  |  |                                    |  |                                |  |                  |  |                 |  |                               |  |   |  |  |  |  |  |   |  |  |  |           |  |           |  |           |  |                          |          |
| Design issue fee   |                  |  |                          |                    |          |                                     |        |  |    |                           |   |                                      |   |  |            |   |   |  |   |   |  |  |                          |   |   |  |  |                  |  |  |          |                            |  |   |  |                                  |  |                                    |  |                                |  |                  |  |                 |  |                               |  |   |  |  |  |  |  |   |  |  |  |           |  |           |  |           |  |                          |          |
| Plant issue fee  |                  |  |                          |                    |          |                                     |        |  |    |                           |   |                                      |   |  |            |   |   |  |   |   |  |  |                          |   |   |  |  |                  |  |  |          |                            |  |   |  |                                  |  |                                    |  |                                |  |                  |  |                 |  |                               |  |   |  |  |  |  |  |   |  |  |  |           |  |           |  |           |  |                          |          |
| Petitions to the Commissioner  |                  |  |                          |                    |          |                                     |        |  |    |                           |   |                                      |   |  |            |   |   |  |   |   |  |  |                          |   |   |  |  |                  |  |  |          |                            |  |   |  |                                  |  |                                    |  |                                |  |                  |  |                 |  |                               |  |   |  |  |  |  |  |   |  |  |  |           |  |           |  |           |  |                          |          |
| Petitions related to provisional applications  |                  |  |                          |                    |          |                                     |        |  |    |                           |   |                                      |   |  |            |   |   |  |   |   |  |  |                          |   |   |  |  |                  |  |  |          |                            |  |   |  |                                  |  |                                    |  |                                |  |                  |  |                 |  |                               |  |   |  |  |  |  |  |   |  |  |  |           |  |           |  |           |  |                          |          |
| Submission of Information Disclosure Statement   |                  |  |                          |                    |          |                                     |        |  |    |                           |   |                                      |   |  |            |   |   |  |   |   |  |  |                          |   |   |  |  |                  |  |  |          |                            |  |   |  |                                  |  |                                    |  |                                |  |                  |  |                 |  |                               |  |   |  |  |  |  |  |   |  |  |  |           |  |           |  |           |  |                          |          |
| Recording each patent assignment per property (times number of properties)   |                  |  |                          |                    |          |                                     |        |  |    |                           |   |                                      |   |  |            |   |   |  |   |   |  |  |                          |   |   |  |  |                  |  |  |          |                            |  |   |  |                                  |  |                                    |  |                                |  |                  |  |                 |  |                               |  |   |  |  |  |  |  |   |  |  |  |           |  |           |  |           |  |                          |          |
| Filing a submission after final rejection (37 CFR 1.129(a))  |                  |  |                          |                    |          |                                     |        |  |    |                           |   |                                      |   |  |            |   |   |  |   |   |  |  |                          |   |   |  |  |                  |  |  |          |                            |  |   |  |                                  |  |                                    |  |                                |  |                  |  |                 |  |                               |  |   |  |  |  |  |  |   |  |  |  |           |  |           |  |           |  |                          |          |
| For each additional invention to be examined (37 CFR 1.129(b))   |                  |  |                          |                    |          |                                     |        |  |    |                           |   |                                      |   |  |            |   |   |  |   |   |  |  |                          |   |   |  |  |                  |  |  |          |                            |  |   |  |                                  |  |                                    |  |                                |  |                  |  |                 |  |                               |  |   |  |  |  |  |  |   |  |  |  |           |  |           |  |           |  |                          |          |
| Other fee  |                  |  |                          |                    |          |                                     |        |  |    |                           |   |                                      |   |  |            |   |   |  |   |   |  |  |                          |   |   |  |  |                  |  |  |          |                            |  |   |  |                                  |  |                                    |  |                                |  |                  |  |                 |  |                               |  |   |  |  |  |  |  |   |  |  |  |           |  |           |  |           |  |                          |          |
| Other fee  |                  |  |                          |                    |          |                                     |        |  |    |                           |   |                                      |   |  |            |   |   |  |   |   |  |  |                          |   |   |  |  |                  |  |  |          |                            |  |   |  |                                  |  |                                    |  |                                |  |                  |  |                 |  |                               |  |   |  |  |  |  |  |   |  |  |  |           |  |           |  |           |  |                          |          |
| Other fee  |                  |  |                          |                    |          |                                     |        |  |    |                           |   |                                      |   |  |            |   |   |  |   |   |  |  |                          |   |   |  |  |                  |  |  |          |                            |  |   |  |                                  |  |                                    |  |                                |  |                  |  |                 |  |                               |  |   |  |  |  |  |  |   |  |  |  |           |  |           |  |           |  |                          |          |
| <b>SUBTOTAL (2) (\$)</b>   | <b>0</b>         |  |                          |                    |          |                                     |        |  |    |                           |   |                                      |   |  |            |   |   |  |   |   |  |  |                          |   |   |  |  |                  |  |  |          |                            |  |   |  |                                  |  |                                    |  |                                |  |                  |  |                 |  |                               |  |   |  |  |  |  |  |   |  |  |  |           |  |           |  |           |  |                          |          |
| <b>FEE CALCULATION</b><br><br><b>1. FILING FEE</b><br><br><table border="1"> <thead> <tr> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>Utility Filing Fee</td><td>760</td></tr> <tr><td>Design Filing Fee</td><td></td></tr> <tr><td>Plant Filing Fee</td><td></td></tr> <tr><td>Reissue Filing Fee</td><td></td></tr> <tr><td>Provisional Filing Fee</td><td></td></tr> <tr> <td><b>SUBTOTAL (1) (\$)</b></td> <td><b>760</b></td> </tr> </tbody> </table>   |                  | Fee Description  | Fee Paid                 | Utility Filing Fee | 760      | Design Filing Fee                   |        | Plant Filing Fee                                       |    | Reissue Filing Fee        |   | Provisional Filing Fee               |   | <b>SUBTOTAL (1) (\$)</b>                               | <b>760</b> |   |   |  |   |   |  |  |                          |   |   |  |  |                  |  |  |          |                            |  |   |  |                                  |  |                                    |  |                                |  |                  |  |                 |  |                               |  |   |  |  |  |  |  |   |  |  |  |           |  |           |  |           |  |                          |          |
| Fee Description  | Fee Paid         |  |                          |                    |          |                                     |        |  |    |                           |   |                                      |   |  |            |   |   |  |   |   |  |  |                          |   |   |  |  |                  |  |  |          |                            |  |   |  |                                  |  |                                    |  |                                |  |                  |  |                 |  |                               |  |   |  |  |  |  |  |   |  |  |  |           |  |           |  |           |  |                          |          |
| Utility Filing Fee   | 760              |  |                          |                    |          |                                     |        |  |    |                           |   |                                      |   |  |            |   |   |  |   |   |  |  |                          |   |   |  |  |                  |  |  |          |                            |  |   |  |                                  |  |                                    |  |                                |  |                  |  |                 |  |                               |  |   |  |  |  |  |  |   |  |  |  |           |  |           |  |           |  |                          |          |
| Design Filing Fee  |                  |  |                          |                    |          |                                     |        |  |    |                           |   |                                      |   |  |            |   |   |  |   |   |  |  |                          |   |   |  |  |                  |  |  |          |                            |  |   |  |                                  |  |                                    |  |                                |  |                  |  |                 |  |                               |  |   |  |  |  |  |  |   |  |  |  |           |  |           |  |           |  |                          |          |
| Plant Filing Fee   |                  |  |                          |                    |          |                                     |        |  |    |                           |   |                                      |   |  |            |   |   |  |   |   |  |  |                          |   |   |  |  |                  |  |  |          |                            |  |   |  |                                  |  |                                    |  |                                |  |                  |  |                 |  |                               |  |   |  |  |  |  |  |   |  |  |  |           |  |           |  |           |  |                          |          |
| Reissue Filing Fee   |                  |  |                          |                    |          |                                     |        |  |    |                           |   |                                      |   |  |            |   |   |  |   |   |  |  |                          |   |   |  |  |                  |  |  |          |                            |  |   |  |                                  |  |                                    |  |                                |  |                  |  |                 |  |                               |  |   |  |  |  |  |  |   |  |  |  |           |  |           |  |           |  |                          |          |
| Provisional Filing Fee   |                  |  |                          |                    |          |                                     |        |  |    |                           |   |                                      |   |  |            |   |   |  |   |   |  |  |                          |   |   |  |  |                  |  |  |          |                            |  |   |  |                                  |  |                                    |  |                                |  |                  |  |                 |  |                               |  |   |  |  |  |  |  |   |  |  |  |           |  |           |  |           |  |                          |          |
| <b>SUBTOTAL (1) (\$)</b>   | <b>760</b>       |  |                          |                    |          |                                     |        |  |    |                           |   |                                      |   |  |            |   |   |  |   |   |  |  |                          |   |   |  |  |                  |  |  |          |                            |  |   |  |                                  |  |                                    |  |                                |  |                  |  |                 |  |                               |  |   |  |  |  |  |  |   |  |  |  |           |  |           |  |           |  |                          |          |
| <b>2. CLAIMS</b><br><br><table border="1"> <thead> <tr> <th></th> <th>Claims remaining</th> <th>Highest Paid</th> <th>Extra</th> <th>Rate</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>12</td> <td>20</td> <td>0</td> <td>18</td> <td>0</td> </tr> <tr> <td>Independent Claims</td> <td>1</td> <td>3</td> <td>0</td> <td>78</td> <td>0</td> </tr> <tr> <td>Multiply Dependent Claims</td> <td></td> <td></td> <td><input type="checkbox"/></td> <td>260</td> <td>0</td> </tr> <tr> <td><b>SUBTOTAL (2) (\$)</b></td> <td></td> <td></td> <td></td> <td></td> <td><b>0</b></td> </tr> </tbody> </table> |                  |  | Claims remaining         | Highest Paid       | Extra    | Rate                                | Amount | Total Claims   | 12 | 20                        | 0 | 18                                   | 0 | Independent Claims                                     | 1          | 3   | 0 | 78   | 0 | Multiply Dependent Claims                   |  |  | <input type="checkbox"/> | 260   | 0 | <b>SUBTOTAL (2) (\$)</b>                   |  |                  |  |  | <b>0</b> |                            |  |   |  |                                  |  |                                    |  |                                |  |                  |  |                 |  |                               |  |   |  |  |  |  |  |   |  |  |  |           |  |           |  |           |  |                          |          |
|  | Claims remaining | Highest Paid   | Extra                    | Rate               | Amount   |                                     |        |  |    |                           |   |                                      |   |  |            |   |   |  |   |   |  |  |                          |   |   |  |  |                  |  |  |          |                            |  |   |  |                                  |  |                                    |  |                                |  |                  |  |                 |  |                               |  |   |  |  |  |  |  |   |  |  |  |           |  |           |  |           |  |                          |          |
| Total Claims   | 12               | 20   | 0                        | 18                 | 0        |                                     |        |  |    |                           |   |                                      |   |  |            |   |   |  |   |   |  |  |                          |   |   |  |  |                  |  |  |          |                            |  |   |  |                                  |  |                                    |  |                                |  |                  |  |                 |  |                               |  |   |  |  |  |  |  |   |  |  |  |           |  |           |  |           |  |                          |          |
| Independent Claims   | 1                | 3  | 0                        | 78                 | 0        |                                     |        |  |    |                           |   |                                      |   |  |            |   |   |  |   |   |  |  |                          |   |   |  |  |                  |  |  |          |                            |  |   |  |                                  |  |                                    |  |                                |  |                  |  |                 |  |                               |  |   |  |  |  |  |  |   |  |  |  |           |  |           |  |           |  |                          |          |
| Multiply Dependent Claims  |                  |  | <input type="checkbox"/> | 260                | 0        |                                     |        |  |    |                           |   |                                      |   |  |            |   |   |  |   |   |  |  |                          |   |   |  |  |                  |  |  |          |                            |  |   |  |                                  |  |                                    |  |                                |  |                  |  |                 |  |                               |  |   |  |  |  |  |  |   |  |  |  |           |  |           |  |           |  |                          |          |
| <b>SUBTOTAL (2) (\$)</b>   |                  |  |                          |                    | <b>0</b> |                                     |        |  |    |                           |   |                                      |   |  |            |   |   |  |   |   |  |  |                          |   |   |  |  |                  |  |  |          |                            |  |   |  |                                  |  |                                    |  |                                |  |                  |  |                 |  |                               |  |   |  |  |  |  |  |   |  |  |  |           |  |           |  |           |  |                          |          |

|                       |   |  |  |                          |         |
|-----------------------|---|--|--|--------------------------|---------|
| <b>SUBMITTED BY</b>   |   |  |  | Complete (if applicable) |         |
| Typed of Printed Name | Henry T. Brendzel   |  |  | Reg. Number              | 26,844  |
| Signature             |  |  |  | Date                     | 1/27/99 |
|                       |   |  |  | Deposit Account User ID  |         |